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Addiction Treatment and Recovery in Ghana An Interview with Eugene Dordoye, M.D.

William L. White

Introduction

I recently began to communicate with several individuals about the state of addiction treatment and recovery in Ghana, Africa. Each person I talked to recommended that I interview Dr. Eugene Dordoye, who is a Ghanaian psychiatrist and currently in the United States on a ten month Humphrey Fellowship studying addiction and recovery at Johns Hopkins University. Dr. Dordoye and I found time in May, 2012 to briefly pursue this discussion.

Bill White.: Dr. Dordoye, could we start with how you became first interested in problems of addiction in Ghana?

Dr. Dordoye: Yes. I grew up in a neighborhood where most of my childhood friends started using drugs. I started using alcohol as a teenager but quit when I realized I couldn't combine it with my studies. I wanted to become a doctor and I quickly saw that most of my friends who were using alcohol and drugs could not make it to the university. The only friend who did make it to the university became a pharmacist but unfortunately died 2 years ago of alcohol and drug addiction. My desire to get involved in treating addiction came after I became a doctor. When I reflected on what had become of so many of my friends because they were using drugs, I decided that something should be done for young people who are using drugs so that they could realize their full potential and to prevent young people from getting into drugs. It was my passion to help young people that got me into the area of addiction. What kept me going later was my realization of the enormity of the problem and my recognition that those addicted to alcohol and drugs are not bad people but people suffering from a condition of the mind that made them unable to quit drinking or using drugs.

Bill White: Did you receive much education about the treatment of alcohol and other drug problems as part of your medical training?

Dr. Dordoye: There was not much information provided on alcohol and drugs. Most of what was provided was on the mental health complications associated with addiction. When you study addictions as part of mental health, the focus is on such complications which I think is too late a stage to ideally intervene. I realized my medical training did not really expose me to the actual problem and that more needed to be done. That is the reason I do part-time teaching on addiction in my country. My hope is to help health workers understand the problem and move away from the blaming of the addicted individual, to see addiction in terms of medicine and not in terms of morality.

Bill White: How would you describe the nature of alcohol and drug problems in Ghana at the present time?

Dr. Dordoye: At present, alcohol addiction is the foremost problem because of the availability of alcohol, the sheer numbers of people who drink and the resulting health problems. For teenagers and people in their early twenties, drugs like marijuana are more of a problem. For them, it's a problem of peer influence; they get into these drugs because they want to belong. For those who develop a problem the public and some professionals tend to see it as a spiritual problem that needs a spiritual intervention. There is a tendency to see addiction in terms of vice rather than a disease that requires treatment and that addicted people should be prayed for to help them stop.

Bill White: How would you characterize the problems with drugs other than alcohol in Ghana?

Dr. Dordoye: We have marijuana, we have cocaine and we have heroin, but we don't have a lot of injection drug use. The few injection drug users are usually health professionals. Ghana is a transit point for drug trafficking from Latin America and Asia and the Middle East to Western Europe and North America so we are exposed to a lot of drugs as a result of this trafficking. Many of our young people are a casualty of the drug trade.

Bill White: Are there specialized addiction treatment facilities or mental hospitals in Ghana where people are treated for addiction?

Dr. Dordoye: For now, we have three main psychiatric hospitals that treat addiction but, as I said earlier, it is more for the complications of addiction than for the addiction itself. It is a bad thing that we wait for them to get mental health

complication from their drug use before we intervene. Then we treat the mental health problem and not really the addiction itself. Hopefully this will change through the efforts of a foundation that I am working with. I'm a board member of the foundation and we now have property and help from the Catholic Church. What we are creating is the first stand-alone addiction treatment center based on 12-step principles and practices similar to those used in the U.S.

Bill W.: Are there AA and NA or other recovery mutual aid groups in Ghana?

Dr. Dordoye: Yes, we have had AA in Ghana for some time, but we only have a few meetings and two of these are in mental hospitals. People have to travel long distances to attend AA meetings. We have only one NA meeting. I think development of AA and NA in Ghana is close to where such development was in the U.S. in the 1950s.

Bill White .: Are there any groups other than AA and NA for recovery support?

Dr. Dordoye: The only other group we have is Al-Anon meeting which is only one group.

Bill White: How would you describe public attitudes towards recovery in Ghana? Is there optimism towards recovery from addiction or is it pretty pessimistic?

Dr. Dordoye: The public view is rather pessimistic. Even among the health professionals, there is not a positive expectation of good outcomes from treatment for those who are addicted. I also must confess that I tended to share this view myself until I came to the United States and met people in recovery for more than 50 years. That has given me more empathy and belief that people can really recover from addiction. But before I came here, I had seen only very few people in Ghana in recovery and they were not helping each other. What we need in Ghana is more visible people in recovery helping each other. My experience now tells me that it is really doable and I hope to take that optimism with me back to Ghana.

The majority of people in Ghana don't think there's any hope at all for addiction. Because addiction is so linked to our mental hospitals there is the view that even if a person stops using they will still have a residual mental illness that will be with them for the rest of their lives. So people generally think that people with addictions can never have a full recovery.

Bill White: Are there any prominent figures who've gone public with their recovery in Ghana?

Dr. Dordoye: Not yet. We have some who could but they fear they might lose their public respect, that people will doubt and not trust people with past addiction problems. So it hasn't happened yet.

Bill White: I'm interested in hearing about your involvements in newspaper, radio and television to educate Ghanaian citizens about addiction and recovery.

Dr. Dordoye: I write articles in the most-read newspaper and because I'm a doctor, I go on radio and TV to educate on addiction. We don't have prominent professionals in Ghana talking about addiction from a medical perspective so I think this work with the media is very important to let people know there are options other than people "repenting" from their addictions. Luckily for me some media people are quite interested and a few of them also have the problem so their contact with me has given them hope.

Bill White: Has there been a positive public response to the newspaper and radio and television work that you've done from the public?

Dr. Dordoye: Yes, I've had a positive response and some have contacted myself or AA after these presentations. The challenge is hard because we do not have a lot of resources to offer people right now. I must say that it's difficult for them to take recovery because they either have to go a psychiatric hospital for residential treatment or travel about two hours to attend a one hour AA meeting and treatment resources are very limited. That is what we are trying to change. What I can do through the media is confidently say that, yes, we are for your addiction treatment.

Bill White: What are some of the most important lessons you may have learned through your work with addiction in Ghana?

Dr. Dordoye: Before I came to the U.S., I didn't see some of the outcomes that I was supposed to be seeing. Now I'm convinced that most addicted people can come back to full recovery. That is the most important lesson that we need conveyed in Ghana. And we are making progress. I am being asked to give presentations on addiction to my professional colleagues. I'm getting referrals from my colleagues. People are beginning to understand that people can be helped and that specialized services are needed to provide that help.

Bill White: Do you have a vision of what you would like to do when you return to Ghana?

Dr. Dordoye: I'm thinking about several options, I would continue my work as a general adult psychiatrist for the government and teach about addiction part-time. I will also continue to work to create specialized addiction treatment in Ghana. I expect to continue my present work for 2 or three years and do some part-time teaching. After about 5 years I hope to be working full-time in addiction treatment and doing more addiction-related media work as I leave my work in general psychiatry.

Bill White: You will have a very key role in the future of addiction treatment in Ghana.

Dr. Dordoye: That is how I see myself now. Nobody seems to be interested in this, and I don't see how help is going to come if I don't do it. I guess I actually have no choice. I would really like to see the kinds of treatment options in Ghana that you have in the U.S.

Bill White.: Dr. Dordoye, I wish you the very best both with your continued studies here and with your work when you return to Ghana.

Dr. Dordoye: Thank you very much, Mr. White. I'm very grateful.